

# HIV/AIDS in Kenya

## *A USAID Brief*

The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that Kenya is one of nine African countries hit hardest by the HIV/AIDS epidemic. According to UNAIDS, at the end of 2001, an estimated 2.5 million Kenyan adults were living with HIV/AIDS, representing a prevalence rate of 15 percent. The Kenyan Ministry of Health, however, reported an adult prevalence of 13.5 percent in 2001. Largely due to AIDS, life expectancy in Kenya dropped from 60 years in 1990 to 49 years in 2000.

Kenyan girls and young women are particularly vulnerable to infection; a high age differential between regular male and female partners is often cited as a contributing factor to rising HIV incidence among Kenyan women. Young women aged 15 to 24 are more than twice as likely to be infected as men in the same age cohort. According to sentinel surveillance data gathered in 2001, HIV prevalence among pregnant women was 20 percent or higher at seven sites throughout Kenya. Seven additional sites reported HIV prevalence rates of 10 to 19 percent among pregnant women.

Approximately half the Kenyan population carries a latent tuberculosis infection. In the past decade, the HIV/AIDS epidemic has helped to triple the number of new adult tuberculosis cases in Kenya.

UNAIDS estimates that 890,000 children had lost their mother or both parents (while they were under the age of 15) to AIDS by the end of 2001. According to U.S. Census Bureau/UNAIDS/UNICEF estimates, the number of Kenyan orphans due to AIDS will increase to 1.5 million by 2010. AIDS was the major cause of a 25 percent increase in under-five mortality seen between 1987 and 1997.

A number of studies from Kenya's Ministry of Health indicate that high health care costs and lost income from HIV/AIDS will be a major burden on the Kenyan economy. By 2005, Kenya's gross domestic product is projected to be 14.5 percent lower than it would have been in the absence of AIDS.

## **NATIONAL RESPONSE**

The National AIDS Control Council (NACC) was established in 2000 as part of the Office of the President to provide leadership and a stronger coordination mechanism for a new, multisectoral national response to HIV/AIDS. The Kenya National HIV/AIDS Strategic Plan, issued by NACC in October 2000, includes the following key elements:



- Emphasis on reducing prevalence among youth, where HIV incidence is increasing most rapidly;
- Creation of AIDS Control Units in each of the sectoral ministries, with a mandate to mainstream AIDS into Ministry activities;
- Creation of Provincial and District AIDS Control Committees and Constituency AIDS Control Committees to represent a wide range of stakeholders at all levels;
- Development of strategies based on lessons learned about obstacles to the success of earlier interventions; and
- Emphasis on the need to move away from small-scale interventions now in place to interventions with nationwide coverage.

The National HIV/AIDS Strategic Plan's five priority areas for action are prevention and advocacy; treatment, and continuum of care and support; mitigation of the socioeconomic impact of AIDS; monitoring, evaluation and research; and management and coordination.

## USAID SUPPORT

The U.S. Agency for International Development (USAID)/Kenya's current HIV/AIDS program

(1998-2005) focuses on prevention of HIV infection, policy and advocacy, community-based care and support, integration of AIDS with family planning and child health programs, blood safety, operations research, and multisectoral activities. In FY 2001, HIV/AIDS funding for Kenya was \$11.5 million, including \$2.0 million for vulnerable children and \$1.0 million for tuberculosis. FY 2002 funding levels include \$17.5 million in HIV/AIDS and \$1.75 million for tuberculosis activities.

*USAID supports the following country programs:*

### *Behavior change*

To reduce sexual transmission and encourage positive personal behavior change, USAID is working nationwide with local groups to establish interpersonal and peer counseling programs, communication campaigns, community outreach through peer motivation, participatory meetings, and community theater. USAID supports existing networks to provide leadership for HIV/AIDS prevention and care, including church-affiliated groups or groups representing persons living with HIV/AIDS (PLWHAs). USAID programs improve voluntary counseling and testing (VCT) through developing curricula, testing protocols, and updating national guidelines on VCT. USAID supports distribution of public sector condoms and sexually transmitted infection (STI) drugs through the government's logistics management system. Programs work with businesses to develop sup-

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2.5 million
Total Population (2001)	31.3 million
Adult HIV Prevalence (end 2001)	15 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	74.7 %
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	16.7 %

Sources: UNAIDS, U.S. Census Bureau

portive policies, and prevention and care programs for workers.

In addition to the national level programs, community-level projects involve both targeted and general population interventions. Target populations include all sexually active adults and youth. Strategies are based on sociocultural, economic and other characteristics within each target site (e.g., sugar plantations, border towns, large factory settings, and other settings with high rates of commercial sex). In general, interventions in priority communities include activities to create a supportive environment for personal behavior change through peer education, targeting highly vulnerable women, workplaces and schools. In addition, USAID is upgrading STI clinics; improving clinic-based HIV/AIDS care; and establishing tuberculosis diagnostic centers and VCT centers at existing service delivery points.

#### *Blood safety*

In addition to helping develop a national blood policy, USAID is assisting the government of Kenya to revamp its blood transfusion system through building and renovating five transfusion centers, providing equipment and training technical staff.

#### *Community-based care and support*

The community-based care and support program works to improve the ability of local communities to identify their needs and to develop and carry out activities focused on home-based care and support for persons living with HIV/AIDS and their families. USAID undertakes programs to improve tuberculosis diagnosis and treatment services in selected sites.

#### *Intersectoral programs*

Recognizing that AIDS is not just a health problem, USAID is attempting to work cross-sectorally in both the microfinance and democracy and governance sectors. We have a grant to a microenterprise organization to develop the capacity of local grassroots savings and credit organizations to provide financial services to the poor, especially those affected by HIV/AIDS. Promoting democracy and governance and preventing HIV/AIDS requires working with similar constituencies (parliament,

local governments, civil societies, etc.) and with similar kinds of issues (policy, human rights, gender, etc.) USAID/Kenya is promoting linkages throughout our program, beginning with working with parliament.

#### *Mother-to-child transmission*

USAID collaborates with the Ministry of Health and UNICEF to undertake practical operations research and interventions to prevent mother-to-child transmission of HIV through improving antenatal care services; integrating AIDS counseling and testing with existing health services; and, as appropriate, providing drug therapy.

#### *Research, policy, and advocacy*

USAID supports policy and advocacy activities to help overcome key policy constraints that might slow the implementation of the national HIV/AIDS control program. Activities include working with nongovernmental organizations (NGOs) to develop advocacy strategies for promoting HIV/AIDS prevention education for adolescents; working with parliamentarians and training senior officials to understand the epidemic and become advocates for strong government and NGO programs to combat HIV/AIDS; building national-level government capacity to improve analysis of sentinel surveillance data, prepare advocacy materials and undertake epidemiological projections; building capacity at the district-level and among private sector networking institutions and the uniformed services to provide leadership for AIDS prevention and care; and conducting behavioral surveillance surveys.

#### *Social marketing*

Since 1990, Kenya's social marketing has steadily increased the marketing and distribution of TRUST condoms to sales of about 1.2 million per month. The program also undertakes generic advertising to inform people about the safety of condoms.

## **CHALLENGES**

According to a 1999 National AIDS and STD Control Programme report, Kenya faces the following challenges in mounting a successful campaign to prevent and control HIV/AIDS:

- Political leaders need to demonstrate a strong commitment to HIV prevention and care.
- All sectors of society need to be involved in solving the problem, including the government, NGOs, private sector organizations, religious organization, unions, and professional societies.
- Treatment of STIs must be strengthened as a strategy for HIV prevention.
- AIDS education should be incorporated into the school curriculum.
- Substantially increased funding is needed from the government, local communities, the private sector, and international donors.

## SELECTED LINKS AND CONTACTS

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*Prepared for USAID by TvT Associates under The Synergy Project.  
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**July 2002**

